

# NELSON COUNTY VIRGINIA

Officer of the Commissioner of the Revenue  
P.O. Box 246  
Lovington, VA 22949  
(434) 263-7070

Virginia Sales Tax  
Registration No. \_\_\_\_\_  
Month Ended \_\_\_\_\_

Name \_\_\_\_\_

Trade Name \_\_\_\_\_

P.O. Box or Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## TRANSIENT LODGING TAX

1. Gross rentals \$ \_\_\_\_\_
2. Allowable deductions:
  - a. Exempt rentals (over 30 days) \$ \_\_\_\_\_
  - b. Refund of rentals included in line 1 of this report \$ \_\_\_\_\_
  - c. Refund of rentals included in prior reports \$ \_\_\_\_\_
  - d. Total deductions ..... \$ \_\_\_\_\_
3. Item 1 less 2 (d) ..... \$ \_\_\_\_\_
4. Tax (5% of item 3) ..... \$ \_\_\_\_\_
5. Sellers Discount--(3% of item 4) ..... \$ \_\_\_\_\_
6. Penalty for late payment--10% of item 4 (minimum \$10) ..... \$ \_\_\_\_\_
7. Interest (10%) Per Annum ..... \$ \_\_\_\_\_
8. Total tax, penalty and interest ..... \$ \_\_\_\_\_

CHECK SHOULD BE MADE PAYABLE TO NELSON CO. TREASURER  
(Check must accompany this report)

**NOTE:** PLEASE RETURN FIRST AND SECOND COPIES, WITH CHECK ATTACHED, TO:

Commissioner of the Revenue, P.O. Box 246, Lovington, VA 22949  
Retain third copy for your files.

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** THIS RETURN MUST BE FILED BY THE 20TH DAY OF THE MONTH FOLLOWING THE CALENDAR MONTH FOR WHICH TAX IS DUE TO AVOID PENALTY AND INTEREST